

**Michigan Department of Education**  
Office of Special Education

**TEMPORARY APPROVAL FOR OUT-OF-STATE  
SCHOOL SOCIAL WORKER POSITIONS**

**Policy & Criteria**

**POLICY:**

1. A request for approval as an out-of-state trained School Social Worker is initiated by the candidate.
2. Temporary approval as a School Social Worker in Michigan is transferable from one employer to the next.
3. Temporary approval as a School Social Worker in Michigan expires at the end of the school year in which it is issued.
4. A request for approval must be received by the Michigan Department of Education during the school year (July 1 to June 30) in which the effective date applies. Approval requests received after June 30 of the applicable school year will not be processed.
5. Temporary approval as a School Social Worker in Michigan is effective from the beginning of the school year in which it is requested, the date that the candidate completed all training requirements, or the date of employment in the position of School Social Worker, whichever is later.

**CRITERIA:**

1. The candidate initiates the request for temporary approval as an out-of-state School Social Worker upon completion of all training requirements:
  - a. Master's degree from an accredited school of social work; and
  - b. University recommendation as to the competencies being met as a School Social Worker, and verification of a university supervised practicum of at least 500 clock hours. This recommendation will also require that the university School Social Work Trainer fill out a minimal competency packet attesting to competencies being met. The person requesting approval as a School Social Worker will be responsible for getting the packet to his/her Trainer.

## **Temporary Approval for Out-of-State School Social Workers Policy & Criteria**

### **The candidate must:**

1. Initiate the request by having their out-of-state training institution complete the Michigan Department of Education, Office of Special Education (MDE- OSE) competency form. The completed form should be forwarded from the out-of-state training institution to the MDE- OSE.
2. Provide the following documentation:
  - A Vita describing academic and professional career; and
  - An OFFICIAL transcript forwarded by the training institution directly to the Michigan Department of Education. Showing completion of a Master's degree from an accredited School of Social Work.
3. Forward all materials to the Michigan Department of Education, Office of Special Education, Approvals Unit, P.O. Box 30008, Lansing, MI 48909.

### **MDE- OSE will:**

- Review request;
- Make an approval decision; and
- Send a Letter of Approval or Denial to the candidate.

(Rev. 6/2012)



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

MICHAEL P. FLANAGAN  
PUBLIC INSTRUCTION

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**MEMORANDUM**

TO: Out-Of-State Institutions of Higher Education School Social Workers Trainer(s)

FROM: Sheryl Diamond, Supervisor, Program Accountability Unit  
The Office of Special Education

SUBJECT: Michigan School Social Work Approval for Out-of-State Trained Candidates

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

As Michigan University Social Work Training Programs are under a competency based model, the State of Michigan is requiring that all out-of-state trained School Social Workers have the attached minimal competencies verified by the training Institution (School Social Work Trainer) that trained the candidate as a School Social Worker. While a person is not expected to be an expert in all of these areas, the prospective candidate should have had some experience with all of them and your further skills might need to be developed. Even though, this will require some time on your part, we feel this is necessary within our state. Please complete the attached forms and return all of them to the following address:

Roxanne Balfour, Departmental Specialist  
Michigan Department of Education  
The Office of Special Education  
Program Accountability Unit – Approvals  
P.O. Box 30008 – Lansing, MI 48909

For further explanation, the subheading Method of Evaluation would normally include such things as the following: courses, internship or practicum, previous experience, comprehensive evaluation or other.

**STATE OF MICHIGAN**  
**COMPETENCY BASED SCHOOL SOCIAL WORK EVALUATION FORM**  
**FOR OUT-OF-STATE TRAINED CANDIDATES**  
**(To be completed ONLY by School Social Work Training Personnel)**

Please check the appropriate response as: Satisfactory (S), Unsatisfactory (U) Not Completed or Needs Further Work (NC). Also, please feel free to comment in the space provided after each criterion.

**Rule 340.1014. Competencies of School Social Worker. (1) A School Social Worker shall possess applicable knowledge of:**

(a) Knowledge of theoretical foundations and history of the school social work profession and service delivery.

**S      U      NC**

\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(b) Knowledge of legal and ethical standards necessary for social work practice in school settings.

**S      U      NC**

\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(c) Knowledge of federal and state special education laws and other legal aspects of the role of the school social worker.

**S      U      NC**

\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(d) Knowledge of organizational components and structural dynamics of public school agencies at local, state, and national levels, as well as identification of methods useful to analyze and influence these in order to maximize student success.

**S      U      NC**

\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(e) Knowledge of other professional educational roles to promote successful collaboration.

**S U NC**

\_\_\_\_ Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(f) Knowledge of a broad range of experiences, personal characteristics, and background variable that influence student learning and development, including the reciprocal and diverse influences of home, school, and community.

**S U NC**

\_\_\_\_ Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(g) Knowledge and skills for identifying factors that enhance strengths, resilience, and protection from adversity, and that diminish educational and developmental risks.

**S U NC**

\_\_\_\_ Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(h) Knowledge and skills to provide crisis prevention, planning, and intervention services, and the impact of trauma on development, learning, and school performance.

**S U NC**

\_\_\_\_ Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(i) Knowledge and skills to promote positive behavior supports for individuals and schoolwide programs.

**S U NC**

\_\_\_\_ Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

(j) Knowledge and skills in development of behavior intervention plans collaboratively with family members, educational staff, and outside resources, personnel, and agencies.

**S     U     NC**  
\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(k) Knowledge and skills in mediation, conflict resolution, and collaborative problem-solving models.

**S     U     NC**  
\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(l) Knowledge and skills in comprehensive and systematic assessment and evaluation.

**S     U     NC**  
\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(m) Knowledge and skills in effective written communication of the assessment and evaluation results that include educationally relevant recommendations and, where appropriate, measurable goals and anticipate outcomes from service delivery.

**S     U     NC**  
\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(n) Knowledge of normative expectations for infant, child, adolescent, and young adult emotional, behavioral, social, cultural, communicative, cognitive, learning, and physical development.

**S     U     NC**  
\_\_\_\_    \_\_\_\_    \_\_\_\_    Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(o) Knowledge regarding similarities and differences between clinically-based definitions of psychiatric disorders and educational disabilities.

**S      U      NC**  
\_\_\_\_      \_\_\_\_      \_\_\_\_      Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(p) Knowledge and skills to evaluate effectiveness of programs and services and modify these based upon individual student need.

**S      U      NC**  
\_\_\_\_      \_\_\_\_      \_\_\_\_      Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(q) Knowledge and skills for locating, selecting, and applying empirically-supported, evidence-based prevention and intervention methods appropriate for use with individuals, groups, families, school personnel, and communities to enhance student learning, development, and school success.

**S      U      NC**  
\_\_\_\_      \_\_\_\_      \_\_\_\_      Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(r) Knowledge and skills to facilitate and coordinate student access to medical, health, mental health, social services, and other community resources, and to promote collaboration among school personnel and other community agencies.

**S      U      NC**  
\_\_\_\_      \_\_\_\_      \_\_\_\_      Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(s) Ability to verbally communicate in terms understandable to students, parents, school staff, and agencies.

**S      U      NC**  
\_\_\_\_      \_\_\_\_      \_\_\_\_      Method of Evaluation:\_\_\_\_\_ Course No.\_\_\_\_\_

(t) Awareness of curriculum, teaching theories, and methodologies.

**S      U      NC**

\_\_\_\_\_ Method of Evaluation: \_\_\_\_\_ Course No. \_\_\_\_\_

**Yes      No**

\_\_\_\_\_ Does your institution of higher education currently operate a graduate School of Social Work accredited by the Council on Social Work Education?

\_\_\_\_\_ Did this candidate complete at least 500 clock hour supervised practicum in social work?

\_\_\_\_\_ Did this candidate graduate from your program?

**Date of Graduation:** \_\_\_\_\_

**I am recommending the following:**

\_\_\_\_\_ Temporary Approval (Full approval is contingent on one year of successful experience as a School Social Worker in Michigan).

\_\_\_\_\_ No Approval.

***Please Print or Type the following information:***

Trainer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_